

Short Communication

MANAGING LYMPHOEDEMA

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In 1982, the World Health Organization estimated that about 500 million people around the world suffered from some form of lymphoedema. Today, this figure could have increased.

Treatment of lymphoedema has always been a challenge and a complete cure for the condition has not been achieved; it can only be improved or controlled. Management is therefore aimed at improving the quality of life in sufferers. In the American Cancer Society Lymphedema Workshop that was held in New York in February 1998, experts from Germany, Belgium, Austria, and Australia all agreed with the following principles in managing patients suffering from lymphoedema [1–4]:

- Skin care and treatment of infection. A healthy skin is of paramount importance. The at-risk limb should be protected from infection. The skin should be kept slightly moist and free from rashes or blisters. Any trauma to the skin that can induce inflammation, such as cuts, bites or sunburn can cause a local high-protein oedema which can stress the already overloaded lymphatic system. The folds between the toes should be kept free of infection — especially fungal. The armpit should also be kept clean in order to avoid sweat rashes. Antiseptics or antibiotics should be used judiciously to treat infections.
- Massage may open collateral lymphatics, enhance lymphatic drainage and softens fibrotic areas. The trunk should be massaged first, followed by the unaffected areas adjacent to the affected area. Then, the proximal limb should be drained to facilitate clearing of distal oedema. Manual massage has to be very gentle and superficial to prevent soft tissue damage, which can cause more oedema and subsequent fibrosis.
- Compression bandage should be applied after massage to reshape the limb and to prevent fluid

re-accumulation. The bandage should have a low-resting pressure, so that the lymphatics can fill-up readily when the muscles are relaxed, and a high-working pressure against which the muscles contract, thus compressing the lymphatics to aid flow.

- Special exercises — like deep-breathing routines — aiming to empty central lymph nodes and proximal lymph trunks, optimize pumping of the existing lymphatics. Other exercises include mobilizing and strengthening joints and limbs. Exercises should be performed daily while wearing the compressive bandage or garment. Exercises should also be tailor-designed for the condition and should suit the lifestyle of the patient. Over-exercising should be avoided as it may result in post-exercise ache, and could even exaggerate the swelling. Low-impact rhythmic active movements and isometric contractions are recommended.

These recommendations should help in reducing lymphoedema considerably in the first 7–10 days. In addition, low-level laser has been used to treat chronic post-mastectomy lymphoedema with good results. Sequential compression force provided by a hydrotherapy pool can also promote lymphatic drainage and filling; water is an excellent medium to mobilize stiff joints, induce muscle relaxation and provide resistance for exercise.

References

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